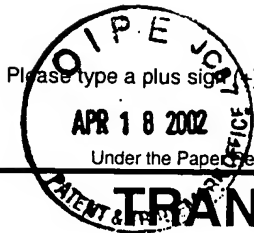


MAH

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FORM

(to be used for all correspondence after initial filing)

Application Number	10/073,669
Filing Date	Feb 11, 2002
First Named Inventor	Noble, Kenton E.
Group Art Unit	2857
Examiner Name	Unassigned
Attorney Docket Number	007.0182.01

Total Number of Pages in This Submission

5

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Reply
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<input type="checkbox"/> Affidavits/declaration(s)
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<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
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<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
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<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
Request to Withdraw as Attorney or Agent
Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	APR 10 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage to reach a first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: APR 10 2002

Type or printed name Casey Leichter

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APR 10 2002

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#94

 <p>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT</p>	Application Number	10/073,669
	Filing Date	2/11/2002
	First Named Inventor	Noble
	Group Art Unit	2857
	Examiner Name	Unassigned
	Attorney Docket Number	007.0182.01

To: Assistant Commissioner for Patents
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number [] []


OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker				
Address	1600 Willow Drive				
City	San Jose	State	CA	Zip	95125
Country	USA				
Telephone		Fax			

- ☒ This request is made on behalf of :
- ☐ all the attorneys/agents of record
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 22895

This request is enclosed in triplicate (including any attachments).

SIGNATURE OF ATTORNEY/AGENT

Name	Patrick J. Schouye
Signature	
Date	APR 10 2002

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.

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